Suggested Reference


Copyright

Items in ResearchSpace are protected by copyright, with all rights reserved, unless otherwise indicated. Previously published items are made available in accordance with the copyright policy of the publisher.

For more information, see General copyright.
**BACKGROUND**

*Global population ageing*

Countries where more than 1 in 5 people are aged 65+

In 2010

Projected in 2050

**PREVIOUS LEARNINGS**

*Trends in Auckland*

Use of residential aged care (RAC)

- Four census-type surveys.
  - In 2008, those aged 85-89 were largest age group.
  - Rates double each additional 5 years of age.
  - Rates higher for women.

Reducing trend for younger residents.


**Trends in use of RAC**

- Between 1999 & 2009, rates in low-seed (not-dying care focused) & rates in high-seed (greater hospital care) care are flat, presumably because most home-based services are now provided and care required at home.

- Lower rates seen for younger people with disabilities.


**Trends in dependency in RAC**

- Trend to greater dependency in 20 years—all except vision.
  - 1998 to 2008

**NZ population ageing**

Counts rising quickly

- Especially in the 85+.

- Trends in residential aged care (RAC) census counts

- Report: 33% growth in 55-64 age group.
  - Definition: 
  - Defualtion has grown after 2006

- Census counts do not include RAC residents in hospital on census night ("494"

Healthy life expectancy at age 65+

- ELMin report: older age group.

- Life expectancy growing slowly.

- Years spent dependent are growing faster than years independent.

**New Zealand**

*Place of death in those aged 65+*

- As place of death for those aged 65+ NZ residents:
  - Lowest in use of hospitals
  - Highest in use of residential aged care (38%)

**Likelihood of use of RAC in NZ after age 65 years**

- Taking those aged 65+ who die in RAC, plus RAC residents in acute hospital care at any time, 47% use RAC for late-life care.

- After age 85 years, 67%.

**NZ reports of RAC have been inconsistent, e.g., OECD**

- In 2009, NZ had 3.1% of 65+, 252% in OECD.
- NZ had "9.2% of 65+s", "highest" of OECD countries.

- Yet no significant changes within the sector.

**Questions**

- How much turnover is there of RAC residents?

- How long do residents stay?

- What proportion of residents enter RAC via hospital?

- How often are RAC residents admitted to hospital?

- Do hospitalisation rates change from before entry, to after?

**Recent findings**

*Transitions through RAC*

- Transitions through RAC per year per 100 occupants.

- NZ reports of RAC have been inconsistent, e.g., OECD

- Massive increases in rates prior to RAC entry.

- Eighty die immediately on entry, further decline.

- Cost of long-term care probably outperforms costs of hospitalisation.

- Can we improve post-discharge care?

**Hospitalisations from RAC**

- How common are hospitalisations, per 100 residents per year?

- 65% were not admitted.

- 5.1% (2927) acute admissions, acute or not.

- 8.7% (% subject 85-94) acute

**Hospitalisations before & after entry to RAC**

- NZ, Auckland, all admissions [this study]

- NZ, Auckland, acute from LLC [this study]

- NZ, Auckland, acute admissions [this study]

- NZ, Auckland, acute admissions, Kruger 2011 [14]

- NZ, Auckland, acute from LLC, Connolly 2014 [27]

- Norway, Bergen, acute admissions, Krüger 2011 [14]

**Conclusions**

- International comparisons suggest care provided in RAC facilities &/or nursing homes differs between countries—therefore research findings from one setting may not translate to other settings.

- Investigating hospital discharge processes, esp. post-discharge follow-up, may reduce opportunities to reduce RAC entry.

- Population ageing indicates options to home-based services and to RAC are needed—e.g., for those with rural lifestyles, or those with cultural, religious or language preferences.

**Acknowledgements**

- Contact: j.broad@auckland.ac.nz

- Joanna Broad November 2015

- Joanna Broad, Freemasons’ Department of Geriatric Medicine, University of Auckland

- Jo Broad, Peter Davis, Merryn Gott, Ngaire Kerse, Xian Zhang.

- Colleagues:

- Funders:
  - The Hope Foundation—summer studentship from the University of Auckland—summer studentship from Freemasons New Zealand

- Ministry of Health and Statistics NZ who provided data and advice.